Salary or wages

Amount 000,80

## MAY 1 9 2008

MAY 1 9 2008 MB

M No

□Yes

7/18/07

## UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

MICHAEL W. DOBBINS CLERK, U.S. DISTRICT COURT

# IN FORMA PAUPERIS APPLICATION

AND

FINANCIAL AFFIDAVIT

Defendant(s) Defendants Listed  17. Sed Judge  Judg	SE C
formation than the space that is provided, attach one or more pages that refer to each such question numbered the additional information. Please PRINT:    Comparison   Compar	nt ed so in
Are you currently incarcerated? BYes \( \text{INO}\) (If "No," go to Question 2)  I.D. # 16776424 \( \text{Name of prison or jail: Me(lof) (it) belies is the prison of the institution? \( \text{INO}\) (If "No," go to Question 2)  Do you receive any payment from the institution? \( \text{IYES}\) (Monthly amount:	آمرهل.
Are you currently employed?   Monthly salary or wages:   Name and address of employer:   MA	
a. If the answer is "No":  Date of last employment:  Monthly salary or wages:  Name and address of last employer:	
1. Are you married? [TYes No Spouse's monthly salary or wages: 000.00 Name and address of employer: Name and address of employer:	
ut re	Defendant(s)  De

Received by \_\_\_\_\_\_

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.  Date: 4/10/08  Signature of Applicant  ANTHOMY CHATY 16776424  (Print Name)
NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own accountprepared by each institution where you have been in custody during that six-month periodand you must also have the Certificate below completed by an authorized officer at each institution.
CERTIFICATE  (Incarcerated applicants only)  (To be completed by the institution of incarceration)  I certify that the applicant named herein, ANTHONY (Arth, 1.D.# 167761244, has the sum of \$ 0.95 on account to his/her credit at (name of institution) Mice Chie, To I further certify that the applicant has the following securities to his/her credit: Note Chie, To I further certify that during the past six months the applicant's average monthly deposit was \$ \$ 5.04 (Add all deposits from all sources and then divide by number of months).
SIGNATURE OF AUTHORIZED OFFICER

JSG 4004)

MOORE, CASE MANAGER
MINISTER DAY ACT OF 7-7-55,
SAMURDED TO ADMINISTER OATHS

(Print name)

## Inmate Inquiry



Common Maria Correct Institution:  $v\in C(r)\setminus X$ C.2347 (S4440N) Hausing Unit:  $e_{+}, e_{+} = e_{+} \circ V$ Living Outroom

Comments Account Balances Commissary History Commissary Restrictions formation

nformation

tive Hold Indicator

Power of Attorney: No

ver Waive NSF Feet No

owed Deduction oa. 100

> PIN 6938

PACH 317408909

Participating Participation Status:

Arrived From:

Transferred To

2/19/2004 gount Creation Date:

unt Activation Date: 2/9/2008 4:03:42 AM

Son Codes.

4/8/2008 7:19:16 AM ast Account Update:

> Account Status Phone Balance: \$2.62

Information

Expected Amount Expected Rate Cype

Balances

Account Balance: \$0.95

Pre Release Balance: \$0.00

\$0.00 Debt Encumbrance:

SPO Encumbrance: \$0.00

\$0.00

ing Negotiable Instruments:

Other Encumbrances:

diministrative Hold Balance: \$0.00

> Available Balance: \$0.95

National 6 Months Deposits: \$510.25 N

\$604,72 anal 6 Months Withdrawals:

\$50.00 Months Avg Daily Balance:

ax, Balance - Prev. 30 Days: \$140.65

ige Balance - Prev. 30 Days: 569.17

\$0.00

## **Commissary History**

#### Purchases

Validation Period Purchases: \$58.35

YTD Purchases: \$163.60

Last Sales Date: 4/8/2008 7:19:16 AM

#### **SPO Information**

SPO's this Month: 0 SPO \$ this Quarter: \$0.00

#### Spending Limit Info

Spending Limit Override: No Weekly Revalidation: No Bi-Weekly Revalidation: No

Spending Limit: \$290.00 Expended Spending Limit: \$33.75 Remaining Spending Limit: \$256.25

### **Commissary Restrictions**

#### Spending Limit Restrictions

Restricted Spending Limit: \$0.00 Restricted Expended Amount: \$0.00 Restricted Remaining Spending Limit: \$0.00

> Restriction Start Date: N/A Restriction End Date: N/A

#### Item Restrictions

List Name List Type Start Date End Date Active

#### Comments

#### Comments: